

UNITED STATES INTERNATIONAL TRADE COMMISSION


SUMMARY VOTING SHEET FOR RESPONSE ADEQUACY AND EXPEDITED OR FULL FIVE-YEAR REVIEW

Subject	Reference Information	
Seamless Pipe from Italy: Investigation No. 731-TA-710 (Review)	Control No.	INV-00-534

Individual Responses (A = Adequate, I = Inadequate)	Koplan	Okun	Bragg	Miller	Hillman	Askey	Commis- sion
Domestic (U.S. Producers)							
U.S. Steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Vision Metals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Respondent (Foreign Producers/Exporters)							
Dalmine	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Group Responses (A = Adequate, I = Inadequate)	Koplan	Okun	Bragg	Miller	Hillman	Askey	Commis- sion
DOMESTIC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
RESPONDENT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Expedited or Full Review	Koplan	Okun	Bragg	Miller	Hillman	Askey	Commis- sion
EXPEDITED: DOMESTIC GROUP INADEQUATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXPEDITED: RESPONDENT GROUP INADEQUATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FULL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

SECRETARY'S CERTIFICATION OF COMMISSION ACTION

 Secretary	Date 10/5/00
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